## ILLINOIS DEPARTMENT OF CORRECTIONS

## Report of Extraordinary or Unusual Occurrences

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

| possible to:  |                    |                        |  |                            |  |
|---|--------------------|------------------------|--|----------------------------|--|
| Office of Jail & Detention Standa<br>1301 Concordia Court, P. 0. Box<br>Springfield, Illinois 62794-9277<br>Telephone: (217) 558-2200, ext. 4:<br>Fax: (217) 522-3906 | 19277              | Municipal (except      | Chicago)<br>Department, include  |                            |  |
| Facility Name: Chicago Police Department 025th  | District           | те                     | elephone#:   |                            |  |
| Address: 5555 W. Grand  |                    | Chicago                |  | 11 60639                   |  |
| Street  |                    | City                   |  | Zip Code                   |  |
| Date of Occurrence: March 31, 2012  | Tin                | ne of Occurrence: 3:00 |  | a.m. 🗶 p.m.                |  |
| Type of Occurrence: Suicide (method)  Homicide  Battery  Riot or R  Fighting among Detained   | ebellion Sex Offen |                        | pt Fire  aff Assault among De  | Serious Injury<br>stainees |  |
|   | Detainees I        | nvolved                |  |                            |  |
| Name  | Date of Birth      | of Birth Date Confined |  | Arresting Charge           |  |
|   |                    | 31 Mar 12              | CTTL Assault Warrant. Seeking Agg Bat<br>charge for Battery to Lockup Keeper |                            |  |
|   |                    |                        |  |                            |  |
|   |                    | forward upon completio | n and explain below:   |                            |  |
| Name of deceased: DNA   |                    |                        | N-80   |                            |  |
| Specific cause of death: DNA  |                    |                        |  |                            |  |
| Date & time of death: DNA   |                    |                        |  | *                          |  |
| Was deceased on suicide watch at or imm   | -                  | _                      | □ No   |                            |  |
| Was deceased examined by a physician?   | ☐ No ☐ Yes, on:    |                        |  |                            |  |
| Did deceased display signs of illness?  |                    | scribe:                |  |                            |  |
|   |                    |                        |  |                            |  |

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From: 3127475479

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DOC 0135 (Eff. 9/2002)

(Replaces DC 464 & 464-C)

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|  | Detainees            | Interviewed  |                             |                             |  |
|--|----------------------|--|-----------------------------|-----------------------------|--|
| Name t   | Date of Birth        | Date Confined  | Arrestin                    | Charge                      |  |
| ee Detectives Report   |                      |  | 12092                       |                             |  |
|  |                      |  | -                           |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  | -                    |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  | Officials (          | nterviewed   |                             |                             |  |
| Name   | 0,11010131           | Titorior   | Title                       |                             |  |
| Name   |                      | 1100   |                             |                             |  |
| PO Yvette MORALES #4146  |                      | Police Officer - Lockup Keeper   |                             |                             |  |
| DA Pamela PHILLIPS   |                      | Detention Aids   |                             |                             |  |
| AT UNIVER FUREIT 9   |                      | Determion Aids   |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
| Principal cause of occurrence:   |                      |  |                             |                             |  |
| Uncooperative Arrestee attacked Lockup Keeper  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
| Summary of specific details of occurrence (include   | data and time)       |  |                             |                             |  |
|  |                      | The state of the s |                             |                             |  |
| Offender , was uncooperative and did not want  | to be brought to     | o a ceil. elbowed PO   | MORALES in proces           | sing area and had to be     |  |
| physically taken to cell. At the cell door the tumed of MORALES than struck to defend he with her list, to defend he | erself               | continued to struggle and the  | En spit in PO MORAL         | vith her tingemails, PO     |  |
|  |                      |  |                             |                             |  |
| EO# 1212 Log#1052991   |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  | •                           |                             |  |
| Recommendations to prevent future occurrences  | s:                   |  |                             |                             |  |
| R/LT has no recommendations to make_at_this_time   |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  | -                    |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
|  |                      |  |                             |                             |  |
| Lt Harvey Rubin  | 724                  | ET   | 724                         | 31 Mar 12                   |  |
| Print Reporting Officer's Name   | Badg                 | ge# Reporting  | Officer's Signature         | Date                        |  |
|  |                      | 1  |                             |                             |  |
|  | 704                  | 11 th  | -7 1.4                      |                             |  |
| Lt Harvey Rubin Print Shift Commander's Name   | 724Bade              | 1e # Shin Com  | mander's Signature          | 31 Mar 12                   |  |
| arms admiration & 116/116  | Pané                 | a Quat Goin  | a gilligrate                | D8/6                        |  |
| Note: Use of this form is required; please do not alter form   | nat, Where avail     | lable, this form may be complete   | ed and submitted on-        | line as directed by the     |  |
| Office of Jall and Detention Standards.  |                      | and the second second  |                             | do discount by the          |  |
| The Illinois Department of Corrections is requesting disclosure of information in                                    | necessary to accomp  | lish the statutory purpose as outlined in 73   | 0 ILCS 5/3-15.2. Disclosure | of information is MANDATORY |  |
| Failure to provide the information could result in a court order requiring compli                                    | iance with 20 N. Adm | a. Code 701, 702, or 720.  |                             |                             |  |
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